

OFFICE OF THE CITY CLERK City and County of Honolulu Honolulu Hale Honolulu, Hawaii 96813-3077 Telephone: 768-3810

PUBLIC DISCLOSURE FORM

FOR CALENDAR YEAR 2

2020

(PRINT OR TYPE CLEARLY)

NAME GALEN C. PLEDETON POSITION/ELECTIVE OFFICE CITY COUNCIL METAR
DEPARTMENT/AGENCY CITY & COUNTY OF HONOLULU
NAME OF SPOUSE NAME
Check the appropriate box and fill in any applicable dates:
INITIAL STATEMENT: Date on which you assumed office or began employment in this position You must file within twenty (20) working days after this date disclosing financial interests held during the preceding calendar year.
ANNUAL STATEMENT: You are required to file not later than January 31 of each year disclosing all financial interests held during the preceding year.
LEAVING OFFICE STATEMENT: You are leaving or have left your office on and _must file a statement within ten (10) working days of that date. You must disclose financial interests held during the preceding calendar year.
CANDIDATE STATEMENT: You must file no later than ten (10) working days after the deadline for filing as a candidate for office disclosing interests held during the calendar year preceding the due date of the statement.
VERIFICATION
I declare that I have used all reasonable diligence in preparing this form, that I have reviewed Item Nos. 1 through 9, and to the best of my knowledge the information provided in this form is true and correct.
Date 28 MAY , 20 23. Signature Val. Apple

GENERAL INSTRUCTIONS

All questions must be answered in regard to yourself, your spouse, and all dependent children. Use Abbreviations:

All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure form for your records for future reference.

Disclosures need not be made by exact dollar amounts but may be reported by "range of value". You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

A. Less than \$1,000	E. \$50,000 - \$99,999	I. \$300,000 - \$399,999	M. \$700.000 - \$799.999
B. \$1,000 - \$9,999	F. \$100,000 - \$149,999	J. \$400,000 - \$499,999	N. \$800,000 - \$899,999
C. \$10,000 - \$24,999	G. \$150,000 - \$199,999	K. \$500,000 - \$599,999	O. \$900,000 - \$999,999
D. \$25,000 - \$49,999	H. \$200,000 - \$299,999	L. \$600.000 - \$699.999	P. At least \$1,000,000

1. **INCOME.** Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

None Additional sheets attached

Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
F	SSI CAPT COOK	MAINTENANCE	MODIFILY	CA

[&]quot;F" for filer

[&]quot;SP" for spouse

[&]quot;DC" for dependent children

[&]quot;JT" for joint interests of the filer and filer's spouse

installment trans	sactions for the purcha	ts of less than \$3,000. se of consumer goods r a car loan. Do report	, whatever the	t debts t amount.	hat arise out of retail . Do report a secured
□ None □ Ac	ditional sheets attache	d			
Person(s) Incurring Debt	Creditor	Original Loan	Amount	Amo	unt Outstanding
F	OFATE TAX			B	
		e ⁻			
*					
		4			
beneficial intere incorporated, reg regulated financ trust, if the fund	ests having a value of julated, or licensed to ca		ial to 10% or m raii. Do not repo	ore of ow ort accour	mership of businesses
Owner(s)	Business Name and Address	Nature of Business	Percentage of	Interest	Value of Interest
			0		

4.	OWNER business	SHIP OR ses incorpor	INTERESTS 1 ated, regulated,	TRANSFERRE or licensed to	D . Only carry on	report t business	ransfers of in Hawaii d	ownerships uring this p	s or interests in east year.
	None	Add	ditional sheets a	attached					
	Owne	rship or Inte	erest	Date of Transfer					
				=					
5.	positions also incl	as trustee ude being a s in non-pro	in any business	s or organization holder in a sm	on, wheth	ner or no	t operated for	or profit. Fi	directorships, or duciary positions o report fiduciary
			<u> </u>						<u> </u>
Pc	sition	Holder		me & Address of Business or Organization Term of		Office	Annual Compensation		
6.	CREDIT	OR INTERE	STS IN INSOL	VENT BUSINE	ESS wort	h \$5,000	or more.		
	None	Addition	onal sheets atta	ched					
	Holder		Name & A Busi	ddress of ness	Na	ure of Bu	usiness		Value

8. REAL PROPERTY OWNED. Only report real property owned. Report the value reasonable manner, such as assessed value. You are not required to report the tax street address for your personal residence or the personal residence of your children; if you choose not to report the tax map key number and street address "personal residence." None	CLIENTS PERSONALLY REPRESENTED BEFORE CITY AGENCIES. Only report representation for which you have received compensation during the preceding calendar year. Do not report representation involving ministerial matters. "Ministerial matters" do not require discretionary authority and do not need to be disclosed.							
8. REAL PROPERTY OWNED. Only report real property owned. Report the value reasonable manner, such as assessed value. You are not required to report the tax street address for your personal residence or the personal residence of your children; if you choose not to report the tax map key number and street addres "personal residence." Owner(s)				al sheets attached	Addition	None		
Owner(s) Tax Map Key Number & Street Address Value 9. REAL PROPERTY TRANSFERRED. Only report real property transferred in the Honolulu during the preceding calendar year. For this item, indicate the actual amo even if it is less than the value (as in the case of a gift). You are not required to renumber and street address for your personal residence or the personal residence dependent children; if you choose not to report the tax map key number and st instead as "personal residence."	ure of Representation	ency Nat	City A	Client	ative	Representa		
Owner(s) Tax Map Key Number & Street Address Value 9. REAL PROPERTY TRANSFERRED. Only report real property transferred in the Honolulu during the preceding calendar year. For this item, indicate the actual amo even if it is less than the value (as in the case of a gift). You are not required to renumber and street address for your personal residence or the personal residence dependent children; if you choose not to report the tax map key number and st instead as "personal residence."								
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instead as "personal residence." Additional sheets attached	Year Obtained	Value	t Address	Key Number & Stre	Тах Мар	Owner(s)		
instead as "personal residence." Additional sheets attached								
	e City and County of bunt of the transaction eport the tax map ke ce of your spouse of treet address, identif	r transferred in the ate the actual amore not required to repersonal residenter number and st	port real propert for this item, indi- of a gift). You a residence or th ort the tax map	NSFERRED. Only ding calendar year. value (as in the cas ss for your person u choose not to reence."	ROPERTY TRAI during the prece is less than the and street addre nt children; if yo rs "personal resid	REAL P Honolulu even if it number depende instead a		
Seller/Donor Buyer/Donee Date Price Tax Map Key Num				al sheets attached	Addition	None		
	nber & Street Address	Tax Map Key Num	Price	Date	Buyer/Donee	Seller/Donor		